## Colmesneil Independent School District PO Box 37/610 W. Elder St. Colmesneil, Texas 75938

Office: (409) 837-5757 Fax: (409) 837-9107

#### **Personal Information**

Date of Application:	Social Secu	Social Security Number:		
Name:				
Last	First	Middle	· · · · · · · · · · · · · · · · · · ·	
Current Address:	City	State	ZIP	
Other Address:				
Home Phone:				
E-mail:				
Other Name that May Appear on Record	ds:			
Position Information				
Position for which you are applying:				
Date eligible to begin employment:				
Have you been employed by Colmesnei	1 ISD in the past?	es □ No		
If yes, explain:				
Education/Specialized Training:				
☐ Did not Graduate High School	Other Traini	ing/Education:		
Last Grade Attended:				
□ GED	Licenses/Ce	rtificates Held:		
☐ High School Graduate	<del> </del>			
☐ Less than 2 Years of College	Do you have	e a Paraprofessional Ce	rtification?	
☐ More than 2 Years of College	□ Yes □ N	Ю		
☐ College Graduate	If yes, when	, from where?		
Degree:				

Special Skills  List specific skills and any machines or equipment you can ope which you are proficient.  1	oma, Degree, se, Certificate Held	Year Graduated/Completed
Employer Name, Location and Phone  Special Skills  List specific skills and any machines or equipment you can ope which you are proficient.  1.		
Special Skills List specific skills and any machines or equipment you can ope which you are proficient.  1		
List specific skills and any machines or equipment you can ope which you are proficient.  1	es Employed	Reason for Leaving
List specific skills and any machines or equipment you can ope which you are proficient.  1		
List specific skills and any machines or equipment you can ope which you are proficient.  1		
which you are proficient.  1		
2	erate. Include sp	ecific software programs i
General Information and References  Do you have a relative who serves on the Colmesneil ISD Boar  If yes, explain:  Are there any criminal charges or proceedings against you?  If yes, explain:		
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If yes, explain:  Are there any criminal charges or proceedings against you?  If yes, explain:		
Are there any criminal charges or proceedings against you?  If yes, explain:		□ Yes □ No
If yes, explain:		
Have you ever been convicted of plead multy or no contact to	☐ Yes ☐ No	<b>O</b>
deferred adjudication for any traffic violation? $\square$ Yes $\square$ No		bation, suspension, or
If yes, explain:		

We consider all applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, the presence of a medical condition, disability or any other legally protected status.

An Equal Opportunity Employer

	(including but n		st ( <i>nolo contendre</i> ) to a felor , rape, murder, swindling an	
If yes, state where, when a condition of probation, sus		•	ate whether the charges were	e dismissed as a
A felony conviction is not an auto the offense and the position for v			ll consider the nature, date and re	lationship between
Full Name of Reference	Relation to Reference	Position/Title of Reference	Email Address	Contact Number
			***************************************	
Attestation				
my knowledge, and I unde	rstand that any	deliberate falsifica	plication is true and accurat tions, misrepresentations or from subsequent employme	omissions of fac
	nent information	n they may have, p	l information concerning m ersonal or otherwise, and re rnishing the same to you.	
I understand that the district record information on appl			n Code 22.083 to obtain cri oy.	minal history
Signature			Date	

This application becomes the property of the district. The district reserves the right to accept or reject it. The application shall be considered active for twelve (12) months. If you have not received a response during this time period, you may reapply or reactivate your application.

### **Pre-Employment Affidavit for Applicant (No Notarization)**

For purposes of this affidavit:

Adjudication and conviction refer to a conviction, plea of guilty or no contest (nolo contendre), probation, suspension, or deferred adjudication.

Charge refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

Inappropriate relationship refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declar	e the follov	ving:						
		ver been charged wi with a minor.	ith, adjudi	cated for, or	convicted	of having an	inappropriat	e
	with a minor	en charged with, ad r. The charge, adjud e relevant facts perta	ication, or	conviction	was deterr	nined to be fa	alse. The follo	-
	with a minor	en charged with, adj r. The charge, adjud e relevant facts perta	ication, or	conviction	was deterr	nined to be tr	ue. The follo	
The follo		- t is offered to satisfy t	_	-			~ ~	e-
employm	ent affidavit,	in accordance with Te	exas Civil F	ractices and	Remedies (	Code section 1.	32.001.	
I declar	e under per	nalty of perjury tha	it the fore	going is tru	ue and cor	rect.		
Name (Fir.	st, Middle, Last)					Date of Birth	· · · · · ·	
Address (S	treet, City, State,	Zip Code)				County	<del></del> .	
Executed	in	County, State of	O State	n the	day of	Month	, 20	
(Signature	of Declarant)							
		late of birth I am prov pose of this unsworn o			determine	eligibility for e	employment bu	ıt will be

<sup>\*</sup>This form will be processed separately and not shared with the hiring manager. Approved by the Texas Commissioner of Education, May 2020.

### COLMESNEIL INDEPENDENT SCHOOL DISTRICT

P.O. Box 37 / 610 W Elder St. Colmesneil, Texas 75938

#### CONFIDENTIAL

Colmesneil Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print			
Name			
Last	First	MAX. 646 674 674 674 674 674 674 674 674 674	Middle
Social Security No.	with the second	Date of Birth	
Driver's License			
State	and Number	Meanian	
Mailing Address			
Street	City	State	Zip
Sex:MaleFemale	Ethnicity:	Black Whi	te/Other
I understand the information determine eligibility for emp criminal history record infor	oloyment but will be use	ge, sex, and ethnicity d solely for the purp	/ will not be used to ose of obtaining
Signature	·		
Date .	General Mathematica - Laboraria - Laborari		

This form will be removed from the application and filed separately in the personnel office.

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

(AGENCI CO	(FX)
	owledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)	
History (CCH) check may be performed by accessing the	
Website and may be based on name and DOB identifie	
information for the applicant.) Authority for this agency	to access an individual's criminal history data
may be found in Texas Government Code 411; Subchapte	r F.
Name-based information is not an exact search a	and only fingerprint record searches represent
true identification to criminal history record information	(CHRI), therefore the organization conducting
the criminal history check is not allowed to discuss with	-
DOB method. The agency may request that I also have	
misidentification based on the result of the name and DOE	<u> </u>
In order to complete the fingerprint process I mu	ist make an appointment with the Fingerprint
Applicant Services of Texas (FAST) as instructed	
Records/Review of Personal Criminal History or by calling	• •
submit a full and complete set of fingerprints, request a co	•
a fee of \$25.00 to the fingerprinting services company.	•
Once this process is completed the information on	my fingerprint criminal history record may be
discussed with me.	
(This copy must remain on file by this agence	ev. Required for future DPS Audits)
₹ . A.Ψ	J. T. T. J. T.
Signature of Applicant or Employee (optional)	
	Please: Check and Initial each Applicable Space
Date	CCH Report Printed:
Agency Name (Please print)	YES NO initial
The state of the s	Purpose of CCH;
Agency Representative Name (Please print)	Empl Vol/Contractor initial
	Date Printed: initial
Signature of Agency Representative	Destroyed Date: initial
İ	Retain in vour files

Date